

## **E. Services Array and Resource Development**

*E.1. Discuss how effective the State has been in meeting the title IV-B State Plan requirement to provide services designed to help children safely and appropriately return to families from which they have been removed.*

### **Family Reunion Services**

Family Reunion Services (FRS) is a short-term, intensive, family-based program designed to reunify children who are in out-of-home care with their family. The goals of FRS are to assist a family in removing barriers for the return of their child(ren), assist in the transition of safely returning the child(ren) to the family of origin, and to develop a plan with the family that will maintain the child(ren) safely in the home for at least one year following the intervention.

The target populations for FRS are children and their families for whom it would be unlikely that reunification would occur prior to a six-month period without intensive services. Selection of this population targets families who are in greatest need. This avoids focusing on children who are placed in care and, through standard procedures, would return home within six months without intensive intervention. Selection of this population is based on the finding that the likelihood for reunification decreases significantly for children who remain in out-of-home care beyond a six-month period. Children who remain in out-of-home care for such a length of time have a greater tendency of experiencing multiple alternative care placements. Through the efforts of the FRS program, it is hoped that the risk of such foster care drift will be significantly reduced.

Safety of all family members is the concern of FRS, however, safety of the child is the primary consideration. FRS does not advocate returning a child to a high-risk situation; rather, the goal is to modify the home environment or behavior of family members so that the child can return and remain safely at home. Safety of the child is continually assessed throughout the FRS intervention. If at any time it is determined that a child is at risk of maltreatment, a recommendation for immediate removal is made.

All families in which at least one child (0-18 years) is in a Children's Division out-of-home placement under the jurisdiction of the juvenile court are eligible for FRS. During SFY-01, contracts were re-awarded making Family Reunion Services available for purchase on an as needed basis statewide. There are currently 23 FRS specialists positioned throughout the state with the capacity to serve approximately 276 families during FFY-02.

The St. Louis Metro Family Reunion site has been participating in a pilot project sponsored by the National Family Preservation Network in conjunction with Dr. Ray Kirk of the University of North Carolina Chapel Hill. This pilot is testing a pre- and post- family functioning scale, The North Carolina Family Functioning Scale used in three sites across the country. This scale is a pre and post scale used to measure changes

in family functioning during an FRS intervention. It is a hope that this tool will be used statewide and that it will continue to collect the data for continued program improvement.

Family Reunion Services is a 60 - 90 day intervention. Children are expected to return home within two weeks of referral and the family can receive services up to a total of 90 days. There can be extensions with approval. Extensions are approved one week at a time with reason for extension and expected outcome being the deciding factor. We have Family Reunion services in 11 sites across the state. Two sites are contracted, the rest are provided by Children's Division staff.

One area for improvement is development of a data collection system that is used consistently by all sites. There is a PC driven database that is used by one site. Missouri is working on increasing the collection of data as well as requesting the development of a database that interacts with other databases for the Children's Division. Currently the creation of a baseline will occur by collecting data on children who were returned home with Reunion Services during 07/01-12/31/01.

### **Roundtable Discussions**

#### *Strengths Identified*

- *Family Reunion Program is available in Kansas City and St. Louis County.*
- *Family Focus program available for some residential treatment centers.*
- *Foster Parents participate in the reunification process.*

#### *Challenges Identified*

- *There is a need for Community based services to help transition youth out of group care settings.*
- *More affordable community based behavioral and mental health care services are needed to keep children safely at home (post reunification).*
- *Family Reunification is very costly.*

#### *Recommendations for Improvement*

1. *Enhance follow-up for foster parents to enhance their skill development.*
2. *Strengthen community ownership of all children including foster children and the support of foster homes.*
3. *Increase Community-based mental and behavioral health care services that meet the needs of the children and families we serve.*

**E.2.** *Discuss how effective the State has been in meeting the title IV-B State Plan requirement to provide preplacement preventive services designed to help children at risk of foster care placement remain safely with their families*

### **Family Centered Services**

Traditionally, a different Children's Services Worker was assigned to the family after the completion of the investigation. However, as part of the implementation of changes in

the Missouri's Child Welfare Practice, more emphasis is being placed on the worker who has initial contact (with the family) to provide continuing services to the family.

Families entering the child welfare system receive case management services that are referred to as Family-centered Services (FCS). The FCS model acknowledges the importance of conceptualizing the family as a system that is constantly interacting with other systems in its environment. The emotional, sociological, and environmental circumstances of the family and its members must be considered. The goal of these services is to assist the family in changing, as quickly as possible, conditions that bring, or could bring, harm to the children, and preventing their unnecessary out-of-home placement.

FCS may also be provided if the family requests preventive treatment services. Such services are offered when a child abuse/neglect investigation has been determined as "Unsubstantiated - Preventive Services Indicated". Services are also available to families, and expecting parents, who request services that might prevent child maltreatment or family dysfunction.

**Family-Centered Services**  
**Families Active in FCS SFY 1999 – 2002**

| <b>Fiscal Year</b> | <b>Active Families</b> | <b>Percentage of Change from the Prior Year</b> |
|--------------------|------------------------|---|
| SFY-1999           | 24,358                 | -8.15%  |
| SFY-2000           | 24,803                 | -1.83%  |
| SFY-2001           | 26,008                 | 4.63 %  |
| SFY-2002           | 25,107                 | -3.59%  |

The table above reflects the increases and decreases in active Family-Centered Services cases for the SFY 1999 – 2002. The number of cases decreased in SFY 1999 by a large 8.15%. The decrease continues in SFY 2000 by 1.83%. In SFY 2001, a large 4.63% increase was seen. Those numbers decreased again by 3.59% in SFY 2002.

Based on an analysis of Family-centered Services, the following tables reflect statewide data regarding children and families served by the FCS program during SFY-01 and SFY-02.

**Family-centered Services**  
**Families Active SFY-01 by Open Reason**

| <b>Open Reason</b>        | <i>Frequency</i> | <i>Percent</i> |
|---------------------------|------------------|----------------|
| Probable Cause CA/N       | 8,077            | 31%            |
| Family Requests Services  | 8,802            | 34%            |
| Opened Due to Court Order | 2,476            | 10%            |
| Newborn Crisis Assessment | 1,421            | 5%             |
| Family Assessment         | 5,232            | 20%            |
| <b>TOTAL</b>              | <b>26,008</b>    |                |

**Family-centered Services**  
**Families Active SFY-02 by Open Reason**

| <b>Open Reason</b>        | <i>Frequency</i> | <i>Percent</i> |
|---------------------------|------------------|----------------|
| Probable Cause CA/N       | 7,763            | 31%            |
| Family Requests Services  | 8,686            | 34%            |
| Opened Due to Court Order | 2,332            | 9%             |
| Newborn Crisis Assessment | 1,395            | 6%             |
| Family Assessment         | 4,931            | 20%            |
| <b>TOTAL</b>              | <b>25,107</b>    |                |

During SFY 2001 and 2002, the highest numbers of active Family Centered Services cases were opened voluntarily, at the family's request. The second-highest reason for a case opening is a result of a probable cause Child Abuse and Neglect report. Those cases opened through the Family Assessment process indicate that there is some concern; however Child Abuse and Neglect was not found in these cases. Family Assessments, voluntary case openings and newborn crisis assessments all lend to the provision of preventive services within our agency.

### **Intensive in-Home Services**

Intensive In-home Services, (IIS), previously known as Family Preservation Services (FPS), is a short-term, intensive, home-based, crisis intervention program that offers families in crisis the alternative to remain safely together, averting the out-of-home placement of children. Families that have a child or children at imminent risk of removal from the home due to neglect, abuse, family violence, mental illness, emotional disturbance, juvenile status offense, and juvenile delinquency are offered IIS. This program can also be offered to families within seventy-two (72) hours after a child has been removed from the home. A decision must be made prior to the child returning home regarding safety issues. Services are provided in the family's home or other natural setting. Families are assigned one principal specialist who is responsible for spending eight to ten (and more if needed) hours per week, in face-to-face, direct contact with the family. The IIS program combines skill-based intervention with maximum flexibility so that services are available to families according to their unique needs. Trained specialists teach families problem-solving and other life skills. Also, the IIS specialists provide information to families regarding other helping resources. In all, IIS focuses on assisting in crisis management and restoring the family to an acceptable level of functioning. Intensive In-Home Services are available statewide for the benefit of all Missouri families.

Safety of all family members is a concern of IIS; however, safety of the child is the number one consideration. A goal of the program is to modify the home environment and behavior of family members so that the child(ren) at risk of removal can remain safely in the household. Throughout the IIS intervention, safety of the child is continually assessed. A recommendation for immediate removal is made at any point it is determined that the child is at risk of maltreatment.

IIS is a four to six week intervention of eight to ten average hours of face to face contact per week. Extensions are allowed a week at a time with reason for extension and expected outcome of extension the deciding factor.

Based on an analysis of Intensive In-home Services, the following tables reflect statewide data regarding children and families served by the IIS program during SFY-01:

**Intensive In-home Services SFY-99 – SFY-02**

| <b>Fiscal Year</b> | <b>Families Served</b> | <b>Children Served</b> | <b>Average Number of Children</b> | <b>At-risk Children Served</b> | <b>Average Number of At-risk</b> |
|--------------------|------------------------|------------------------|-----------------------------------|--------------------------------|----------------------------------|
| 1999               | 1,566                  | 3,977                  | 2.5                               | 3,035                          | 1.9                              |
| 2000               | 1,678                  | 4,462                  | 2.7                               | 3,440                          | 2.1                              |
| 2001               | 1,654                  | 4,368                  | 2.6                               | 3,389                          | 2.0                              |
| 2002               | 1,610                  | 4,181                  | 2.6                               | 3,332                          | 2.1                              |

The most frequently addressed problem of at-risk children is parent/child conflict followed by lack of parenting skills and child neglect. Thirty-seven percent (37.15%) or 1,259 of the at-risk children had parent/child conflict concerns and twenty-eight percent (27.77%) or 941 had a parenting skills deficit. Twenty-two percent (22.13%) or 750 of the at-risk children had issues with child neglect.

During SFY-01, 3,228 at-risk children exited IIS. Upon exiting IIS, eighty nine percent (89%) of the at-risk children were reported to be remaining in their families. Twelve percent (12%) of the at-risk children were not with their families and for one percent (1%) of the at-risk children the information was not available.

In July 2002, the Missouri Family Functioning Assessment Scale (MFFAS) was implemented. This is a pre and post assessment tool that measure change in family functioning in seven domains. Data is collected and analyzed to better assess the needs of families and improve service delivery. This will also help identify other needs such as training and resource gaps.

MFFAS was implemented on July 1, 2003 statewide. IIS staff are using the MFFAS as an assessment tool to help gauge family functioning pre and post intervention as well as guide their service plan with the family. Missouri does not at this time have a database to collect the pre/post measurements of the MFFAS, therefore limiting the reporting of statewide success of the tool.

As part of our continuous quality improvement process we have developed a specific peer record review tool. This tool helps specialists and supervisors ensure best practice, as well as, recognizing service gaps and case weaknesses. The information gathered

from the peer record reviews is entered into a data base. This process is in its infancy therefore no results are yet available.

### **Newborn Crisis Assessments**

Newborn Crisis Assessment referrals are received from a physician/health care provider requesting that the agency conduct a "Newborn Crisis Assessment." Although this is not a child abuse and neglect report, staff handle these reports as an emergency.

The Newborn Crisis Assessment shall include at a minimum the following:

- Contact with physician/hospital personnel who made referral;
- Visit with mother at the hospital, if she is still there, or at her home to determine her plans for caring for the infant upon release;
- Observe the infant, assess the risk, and obtain information on any special needs;
- Visit the mother's home, and/or home the infant will go to upon release, and do the following:
  - See other children, if any, and assess the risk.
  - Evaluate support system which is in place, including family members, friends, etc. (Staff may use the genogram and ecomap)
  - Determine other agencies involved with family and extent of their involvement. (Staff may use the ecomap).
- Contact other agencies involved with the family to determine support, if appropriate; and,
- Contact juvenile court if their involvement is needed.

Staff generates a child abuse and neglect report if abuse or neglect of another child in the home is observed. Information is provided to the referring physician/health service provider, in person or by telephone. The assessment will include a recommendation as to whether the infant should be released from the hospital with the mother. If the worker feels the child should not be released with the mother, a referral to the juvenile office would be in order. In cases where the child has been released preventative services are provided to the parent if the need is present.

### **Community Partnerships for Protecting Children**

Community Partnerships for Protecting Children operates in neighborhoods with strong institutions and committed residents but also high rates of child maltreatment, drug use, and domestic violence. There are currently nine sites in the United States. The initiative focuses on:

- Changing the way Child Protection Services (CPS) agencies investigate families, so that the agency respond to a variety of family situations rather than applying a "one-size-fits-all" model

- Developing and expanding neighborhood-based resources, so families can keep children safe in their own homes and access support before a problem turns into a crisis
- Finding new ways for government, nonprofits, and citizens to work together on behalf of children and families, and increasing the number of people involved in the process.

### **Family-to-Family**

The Family-to-Family Initiative provides an opportunity for states and communities to reconceptualize, redesign, and reconstruct their foster care system to achieve the following new system-wide goals:

1. To develop a network of family foster care that is more neighborhood-based, culturally-sensitive, and located primarily in the communities in the communities in which the children live.
2. To assure that scarce family foster home resources are provided to all those children (but to only children) who in fact must be removed from their homes.
3. To reduce reliance on institutional or congregate care (in shelters, hospitals, psychiatric centers, correctional facilities, residential treatment programs, and group homes) by meeting the needs of many more of the children currently in those settings through relative or family foster care.
4. To increase the number and quality of foster families to meet projected needs.
5. To reunify children with their families as soon as that can safely be accomplished based on the family's and children's needs.
6. To reduce the lengths of stay of children in out-of-home care.
7. To better screen children being considered for removal from home, and to determine what services might be provided to safely preserve the family.
8. To decrease the overall number of children coming into out-of-home care.
9. To involve foster families as team members in family reunification efforts.
10. To become a neighborhood resource for children and families and invest in the capacity of communities from which the foster care population comes.

St. Louis City was selected as a new Family to Family site in July 2001. A planning grant was made available for St. Louis City to produce a multi-year plan for increased foster care development and support with the overall goal of helping inner city youth to remain in their communities of origin. Strategies of developing a network of neighborhood members that can provide support to families is currently "under construction" with the guidance of the Annie E. Casey Foundation.

### **Drug Courts**

Drug courts are treatment-based alternatives to prison, jail, youth services facilities and detention centers. The criminal justice system works cooperatively with treatment and other service systems to provide an offender with all the possible tools they need to get into recovery, stay in recovery and lead a productive, crime-free life. In brief, the key components of any drug court model include: treatment services, non-adversarial approach, immediate intervention, continuum of services, frequent drug testing, graduated sanctions and rewards, program phases for short-term goals, on-going judicial

interaction, and graduation from program, program monitoring and evaluation, continuing education of the team, and inter-agency collaboration and coordination.

Currently, the most common drug courts in operation around the country and in Missouri are adult felony drug courts. In Missouri, the drug courts are a concept that each jurisdiction develops to fit its needs. Currently, most of the drug courts use a combination of pre and post plea methods to enter the drug court program.

Missouri has sixteen (16) operational adult drug courts and several are in the planning stages. Jackson County developed the first drug court in Missouri, beginning in October 1993. They have become a national model for other drug court professionals and have served as a “mentor site” for jurisdictions wanting to begin a drug court. The success rate of this drug court has been very good. Recidivism (new felony or misdemeanor arrest) of program graduates has remained around 4%.

Juvenile drug courts take a look at more than what the child does or the teen is doing and looks at why they are doing it. The juvenile treatment team consists of the judge, juvenile officer, defense attorney, school personnel, and treatment provider. There are currently five (5) juvenile drug courts operating in Missouri.

Family drug courts are a little different from the adult and juvenile drug courts. They operate from the perspective of abuse and neglect cases that stem from substance abuse. The team in a family drug court is expanded considerably to provide services to the entire family. The family drug court provides treatment, substance abuse education services, and counseling for the entire family. There are currently two (2) family drug courts operating in Missouri, with four (4) others planned.

### **Early Childhood/Child Abuse and Neglect Preventive Services**

The Office of Early Childhood was established within the Department of Social Services in November 2002 with its primary goal of helping young children served by the Division be ready to enter school and ready to learn with the intent that it be the primary vehicle for preventive services within the agency. Input was garnered from a wide variety of advocates and stakeholders in both the early childhood and child welfare fields in the development of the Office. Early childhood education encompasses not only child care services, but parent and provider education which gives both parents and providers information on child development and enhances coping skills that lead to reduced frustration, anger, and isolation thereby preventing potential abuse situations. It also provides training to raise awareness of and to identify potential abuse and neglect situations so that intervention can occur. The Office of Early Childhood’s charge is to work with all Divisions within the Department to increase awareness of the value of early childhood education and to serve as a resource for all Divisions.

The Office of Early Childhood provides the following services:

**Child Care Subsidies for Families**—This program provides assistance to families with all or part of their child care expenses. Parents are able to choose



from any approved provider. Providers must pass both Child Abuse and Neglect and Criminal Background screenings in order to receive payment for services.

**Early Head Start**—This program provides state funding for an additional 652 children, ages birth to three years, with family incomes under 100% of the federal poverty level, and their families to participate in Early Head Start. Through this funding and additional support from the Administration for Children and Families (ACF) Regional Office resources are provided for education and training for the providers serving these families and the actual services to the families including child care services, home visitation services, substance abuse counseling, self sufficiency, health and mental health services for both the children and their families. Many of these families are also involved with DSS either through Family Support or Child Welfare.

**Stay at Home Parent**—This program provides grants to community organizations to support parent education for low income families with children ages birth to three where the parents choose to stay at home with their infants and toddlers. Some communities have chosen to wrap this funding around existing programs such as Parents as Teachers, Home Based Early Head Start, Nurses for Newborns, Baby Boost, Resource Mothers, or other existing research based programs for low income and at risk families. Others have extended existing programs to serve additional families, and still others have created hybrid programs to serve the unique needs of families in their communities. Some target funding to specific populations, children with special needs, non-English speaking families, etc. A wide variety of community organizations with a focus on children's needs receive funding including community partnerships, child welfare organizations, school districts, Educare programs, etc. These programs reduce parental isolation and provide support and information and training on child development to help increase coping skills for parents reducing the potential for child abuse or neglect.

**Start Up/Expansion**—This program provides grants to start up or expand quality early childhood programs. These grants increase the capacity of quality programs allowing parents a wider range of choices of quality care for their children. Grants are targeted to areas of high need. Programs must serve a minimum of 25% DSS funded children thereby increasing options for families who might otherwise have no option other than placing their children in facilities which could potentially endanger their welfare.

**Accreditation**—This program provides incentives and grants to encourage and assist child care providers to attain higher levels of training and education thereby increasing their ability to deal with whatever situations might arise particularly in serving children with behavioral issues and those from difficult circumstances.

**CCDF Quality Funds**—This program provides:

- Funding to the State Child Care Resource and Referral Network to assist families in locating child care that meets their needs and to link child care providers with training that meets their needs.
- Funding for an 8-hour basic Child Care Orientation Training (CCOT) to ensure that new providers have a foundation in basic health and safety (including information on CA/N, SIDS, Shaken Baby) and child development information. Many foster parents utilize this training to meet state training requirements.
- Funding for the state Educare program which reaches out and provides training to legally operating unlicensed providers including relative providers (i.e. grandparents, aunts/uncles/cousins) and friends, neighbors, acquaintances, boyfriends, etc. that may be providing care for state subsidized children ensuring some level of support to these providers and a vehicle to provide basic information on child development and child care. This basic information includes information on SIDS and shaken baby syndrome etc. that seem to have a higher potential for occurrence in this type of care. They also work with licensed child care providers and give priority to providers who have been identified as having deficiencies by child care licensing staff reducing the potential for future problems.

**One Time Funding**—The Office of Early Childhood sometimes has available one-time funding that is typically targeted to specific purposes including children with special needs, and most recently Baby FAST (a hybrid pilot of PAT and FAST two nationally recognized Harvard award winning programs with pilots at Early Head Start sites), and a Parent Toolkit that provided a variety of wonderful parenting information for parents of children either receiving services through Family Support or Child Welfare as an incentive for participation in certain early childhood education or health related activities.

## **Roundtable Discussion**

### **Strengths Identified**

- *Consumer surveys and interviews reveal that the IIS program is positive and effective.*
- *Newborn Crisis Assessments are a mechanism to identify high risk children and intervening before harm has occurred.*
- *Community partnerships provide a structure for the development of prevention services.*
- *Drug Courts provide a specialized effort focusing on serving drug affected families.*
- *Parents As Teachers, Head Start, First Steps are very positive programs for pre-school aged children in Missouri.*

### **Challenges Identified**

- *More families could benefit from IIS Services. However, lack of resources currently permits this.*

- *Family Centered Services need smaller caseload sizes to allow for effective service provisions.*
- *Families need access to immediate, upfront services especially with families involved with drugs and alcohol.*
- *More statewide accessibility for prevention services is needed, especially in rural areas.*
- *Children's Treatment Services (CTS) funds have been historically low compared to the number of children and families served.*

### Recommendations for Improvement

1. *Educate staff regarding the services and availability of early childhood intervention programs and encourage parents and foster parents to use these resources.*
2. *Expand cooperation between the Children's Division and Department of Mental Health, through the family support team process, to share resources and responsibilities when client populations overlap.*

**E.3.** *Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide services designed to help children be placed for adoption, with a legal guardian, or if adoption or legal guardianship are determined not to be appropriate for a child, in some other planned, permanent living arrangement.*

### **Kinship Care**

Kinship care foster homes are provided by relatives or non-related persons who have a close emotional relationship with children who are in out-of-home care. Kinship is defined as: persons related by blood, marriage or adoption including parent, grandparent, brother, sister, half brother, half sister, stepparent, stepbrother, stepsister, uncle, aunt, or first cousin. It also includes those non-related persons not living in the same household but whose lives are intermingled with the child and appears as one of a blood relative.

Kinship care is the least restrictive family-like setting for children requiring out-of-home placement. Children have the opportunity for continued family relationships and contact with persons, groups, and institutions they were involved with while living with their parents. Kinship care reinforces the social status that comes from belonging to a family of one's own and the sense of identity and self-esteem that is inherent in knowing one's family history and culture. Kinship care is the placement of preference and should, if at all possible, be pursued prior to any other out-of-home placement arrangement.

In recent years, the number of children placed with relatives by public child welfare systems (formal kin) and those being cared for by relatives without child welfare involvement (family arranged kin) care has soared. As of July 1, 2002, Missouri had 3,042 formal relative kinship homes. Missouri has laws and programs aimed at helping relatives do the best job they can so the children remain connected to their families. Our Children's Division supports kinship placements by providing access to as many services as possible. The following is the array of Children's Division services afforded to kinship care providers:

- *Monthly Maintenance*—Financial support for licensed kinship providers who are caring for related children who are in the custody of DFS.
- *Subsidized Guardianship/Adoption Program*—This program provides subsidy to grandparents, aunts, and uncles, brothers and sisters who have legal guardianship or have adopted a related child. Children receiving services under this program must meet certain eligibility requirements, such as having special needs, and must have been in the custody of the Children's Division, the Division of Youth Services, the Department of Mental Health, or a licensed private child placing agency at one time. As of July 1, 2002, Missouri had 1,438 children under the subsidized guardianship program.
- *Case Management*—This service is designed to identify and coordinate the services needed by relative caregivers and children.
- *Information & Referral*—These services provide information and resources for relative-caregivers' families and collaborate with other local agencies to provide a comprehensive system of support.
- *Advocacy*—Staff work with public and private agencies in the community to make them more aware of the special needs of relatives and children in kinship cares and to push for changes that strengthens these family services.
- *Grandparents as Foster Parents Program*—This is an Income Maintenance program that offers financial support to grandparents, and in some cases, other relatives who are caring for related children in their custody or guardianship. Children receiving services under this program have never been in the custody of the Children's Division. This program is strictly for relatives caring for relative children without court or agency involvement. The program has no connection with the foster care program.
- *Temporary Assistance*—This service provides an Income Maintenance Program that will offer financial support and medical assistance for certain related children who qualify.
- *Parent Education*—This service makes classes available to enhance parenting skills and address difficult parenting issues.
- *Support Groups*—This service provides relatives the opportunity to share the day-to-day joys and frustrations of their care giving responsibilities, exchange practical information about community resources, and gain skills and confidence in the difficult work of raising children. DFS offers assistance for the kinship provider to join or start a support group.
- *Other Support Services*—This may include: childcare, employment help, housing assistance, counseling, respite care, and other services that are unique to individual family needs.

### **Chafee Independent Living Program**

The Foster Care Independence Act of 1999 (the Act) provided a broad framework for states to reform services and systems to better meet the needs of young people. This broadened the scope of "independent living" by eliminating the minimum age requirement of 16 and serving older youth who are transitioning out of or have already left foster care. Independent Living services for youth in the Children's Division's care/custody continue to move along the continuum of the informal, formal, and

experiential methods needed for youth to successfully transition to living in the community. While in out-of-home care, youth are provided with life skills training, regardless of their placement or permanency plan. Life skills' training is designed to assist the youth in learning the array of skills necessary to successfully transition to self-sufficiency and independence.

Research indicates that young people who spend most or all of their teenage years in foster care experience higher incidences of homelessness and unemployment. They are also at higher risk for quitting school early and becoming parents prematurely. This evidence suggests that too many youth are ill prepared for living independently by virtue of receiving little preparation prior to their exit from foster care.

Missouri enhanced the capacity to better serve this younger population by setting aside a portion of the Chafee funding to supplement state funds to provide hands-on learning opportunities. However, due to severe budgetary constraints, funding for the *Choices* program has been eliminated. This provides the Children's Division with an opportunity to re-evaluate the program for youth under age 16. Missouri recognizes the need and the importance to continue serving this younger population. A workgroup consisting of the Children's Division staff and contractors has been working to review the current program, which focused primarily on teaching "skills" to younger youth in a classroom setting. Missouri envisions the development of a practical application program, which will serve youth along a continuum of services from pre-independent living, for the younger than age 16 populations, to the young adults who have exited foster care and may need aftercare services.

Independent living services are adapted in each area of the state in order to meet the individual needs of its population. Life skills classes vary in length of time from six to nine months of instruction to include speakers, videos, group discussion, hands-on activities, and practical applications. The classes meet once per week for approximately two and one half hours. Expedited classes are offered for youth in a residential group setting that generally lasts three to four months. Expedited classes usually meet twice per week for two hours. The youth receive a small stipend and other incentives for attending group sessions and completing assigned homework. The opportunity to practice what youth learn in the classroom includes participation in field trips, summer camps, weekend retreats, day seminars and community service. It is possible to arrange for individualized instruction on an "as needed" basis. These services are designed to provide the daily care, education, training and supports necessary to assist youth in maintaining stable and permanent living situations as they exit foster care and transition to self-sufficiency and independence.

Youth who are likely to remain in foster care until age 18 shall be enrolled in an age appropriate Chafee service. Youth shall be provided information on available Chafee services by their case manager, life skills class facilitator, and/or the Independent Living Program (ILP) Specialist. Services shall be used to assist youth to complement their own efforts to achieve self-sufficiency and to assure the program participants recognize and accept personal responsibility in their preparation for and the successful transition from

adolescence to adulthood. Youth shall also be involved in their permanency planning and understand their accountability in attaining their goals.

The ILP specialists are assigned geographically throughout the state. The specialist is responsible for coordinating the Independent Living Program in the areas they are assigned.

Life skills training makes up the largest venue for the involvement of youth, however a variety of other activities include youth, such as camps, retreats, and seminars; a state youth conference survey, sharing of the Continuous Quality Improvement (CQI) quarterly report, youth input into program implementation, the Area Youth Advisory Board and a Statewide Youth Advisory Board. The youth advisory boards are made up of youth from each county around the area. Three youth (or less) from each area participate in the state board. The youth on the area board are selected from ILP groups or are selected due to their interest in youth advisory activities. These youth must be in good academic standing at school, and must have a clean legal record. The participation on the area or state boards is voluntary.

Missouri contracts out Transitional Living Services (TLP). Most of these programs are offered by residential facilities that provide group homes or scattered sites. The service expectations are part of a contractual agreement between the Children's Division and the provider. The youth has their basic needs provided yet have the opportunity to experience "real life skills" in a protected setting.

The table below indicates the percentage of foster youth served between the ages of 16-21. The percentage of youth served appears to have dropped from 2000 to 2002, however, the total number of youth in foster care between the ages of 16-21 has increased by at least 500 youth, and therefore more youth are actually served. Missouri's number of Independent Living Specialists has remained the same since 1983.

**ILP Table**

| <b>FFY</b>   | <b>2000</b> | <b>2001</b> | <b>2002</b> |
|--|-------------|-------------|-------------|
| Total # of Youth in Foster Care Between Ages 16-21 | 3,522       | 3,470       | 3,924       |
| Number of Foster Youth served Between Ages 16-21   | 2,602       | 2,334       | 2,665       |
| Percent of Foster Youth Served Between Ages 16-21  | 73.9%       | 67.3%       | 67.9%       |
| Are Employed                                       | 748         | 695         | 793         |
| Have Obtained a High School Diploma or GED         | 266         | 182         | 1748*       |
| Attend college, vocational/technical school        | 197         | 132         | 114         |

\*Youth enrolled in Life Skills Training who have obtained a HS Diploma, GED or currently enrolled in High School.

| <b>FFY</b>  | <b>2001</b> | <b>2002</b> |
|---|-------------|-------------|
| Total # of Former Foster Youth Served                                       | 112         | 137         |
| Are Employed  | 49          | 75          |
| Have Obtained a High School Diploma or GED                                  | 46          | 77          |
| Attend college, vocational/technical school                                 | 22          | 22          |
| Number of Youth Who Have Obtained Housing/Other Community Services          | 56          | 91          |
| Number of Youth Who Are Living Independently of Agency Maintenance Programs | 70          | 43          |

### **Missouri Mentoring Program**

An important component of the Independent Living program is the Missouri Mentoring Partnership (MMP). MMP is patterned after a nationally recognized program in San Diego, California: the Coming Together Foundation. This component is built on a partnership between the public and private sectors. MMP provides work site mentoring opportunities for youth that have experienced out-of-home care placement. The program is offered statewide and is a crucial factor in matching youth with corporate employers who are willing to provide on the job mentors. Many youth have taken advantage of this program and find it very beneficial and rewarding.

### **Adoption**

As of July 31, 2003, Missouri had 2,077 children in custody with the permanency goal of adoption. The largest group of waiting children is between the ages of 8-13. The metropolitan regions of the state currently maintain jurisdiction for 46.7% of the children with the goal of adoption.

Adoption by kin, the current foster family or a new family including those licensed for foster or adoptive (FA) care offers the most stability to the child who cannot return to their parent(s) and is the second most legally binding plan. Except for those instances in which a child has been abandoned by his parents, most children enter out-of-home care due to some combination of abuse and neglect, including parental inability to provide care due to the parent's or child's physical or behavioral problems.

Adoption should be considered an appropriate permanent plan when:

- a) The goal of return home has been ruled out;
- b) The child's parent(s), through words or actions, has shown an inability or unwillingness to care for the child for a period of at least six (6) months, and the parent(s) will not be able to provide for the child's health and safety within a reasonable period of time (6 months);
- c) The parent(s) have failed to correct those problems and or conditions that contributed to the child's placement in out-of-home care and are not likely to do so in the near future;

- d) The parent(s) wants the child to be adopted, or parental rights have been terminated;
- e) The child wants to be adopted.

Termination of parental rights has serious and lasting consequences to parents and children. Therefore, it is often difficult for Children's Division workers and others to recommend termination of parental rights. Conversely, courts may be hesitant to terminate parental rights. However, section 211.447, RSMo, sets forth the grounds for involuntary termination of parental rights and should be used by the Children's Division worker and others in deciding when to recommend termination of parental rights.

Adequate preparation of the child is critical to the lasting success of the adoption. The Children's Division workers are to engage the child in all stages of the adoption process beginning with identifying the type of family the child would most like to be a part. Various recruitment activities and strategies are used by the workers in order to find an appropriate home for the children in need of adoptive placement. Children may be placed on Missouri's state photo listing Internet site and on the national web site, AdoptUSKids.org. By using the Internet, adoptive families from all over the country may see Missouri's children who are available for adoption. Currently, over 400 children are listed on the national site. Information about children is often shared via e-mails amongst workers within the agency as well as profile gatherings and adoption matching meetings.

The Second Level Matching Team (SLM) meets every two months in order to preliminarily "match" waiting children and waiting adoptive families from across Missouri and other states. The original intent of the SLM team was to erase geographical barriers in providing permanent homes for children by working collaboratively and to update adoptive family records across the state. This team also included providing a forum for out-of-state families wishing to be considered for Missouri children. As the SLM team has progressed, they have begun to address general adoption issues faced by local staff and are helping to define best adoption practice across the state.

The general process for "matching" is as follows. When a preliminary match is made with a family and child, a copy of the child's profile is sent to the family's adoption worker to be forwarded to the family for consideration. If the family is interested in receiving more information on the child, or in submitting their home study for consideration, families contact the child's worker directly. An outcome form is sent to the family's worker for them to complete and return to the SLM team along with the outcome. These outcomes are logged in a database and are used to help better serve our children and families.

The SLM team consists of two agency personnel from each of the seven areas of the state plus a central office staff. The area staff includes front line staff, supervision and program managers.



Upon placement, the worker follows policy regarding aggressive visitation with the family and child prior to the adoption finalization. During this time, the worker assesses the progress of the placement, as well as offers guidance to the family during this time of transition. Post placement support is provided to the family through adoption subsidy services, which include a monthly maintenance payment, Medicaid and daycare for working parents of children under the age of 13. Other supportive services may be available to the family through subsidy upon request, such as Intensive In-Home Services, residential treatment, and case management services.

## Findings and Data Summary

|                       | SFY-02      | SFY-03      |
|-----------------------|-------------|-------------|
| <b>Total Exits</b>    | <b>7320</b> | <b>7046</b> |
| <b>Independence</b>   | <b>4%</b>   | <b>5%</b>   |
| <b>Adoption</b>       | <b>18%</b>  | <b>16%</b>  |
| <b>Returning Home</b> | <b>51%</b>  | <b>55%</b>  |
| <b>Guardianship</b>   | <b>11%</b>  | <b>9%</b>   |
| <b>Other</b>          | <b>16%</b>  | <b>15%</b>  |

The table above indicates that returning children to their home continues to be the primary reason for children exiting the foster care program. In fact, in SFY-03, even though nearly 300 fewer children exited foster care, an increase in children returning home is indicated.

## Roundtable Discussion

### Strengths Identified

- *An increased number of children safely returned home.*
- *Second level matching team standardized the Adoption practice.*
- *Guardianships and adoptions subsidy payments are available.*

### Challenges Identified

- *Subsidies for Guardianships and Adoptions are lower per child than foster care subsidy creating a deterring factor to potential permanency options.*
- *Children's needs sometimes do not match with available permanency resources or desires.*
- *The children's desires for permanent living arrangement often conflict with their actual need for safe environment.*
- *More foster homes are needed for multiple need sibling groups.*

### Recommendations for Improvements

1. *Continue Federal funding for subsidized permanency options.*
2. *Continue to work with the court system to increase number of permanency hearings held timely.*
3. *Continue to encourage participation in the FSTM, holding these meetings at a time convenient to the family.*



***E.4. Describe the extent to which all the services in items 1-3 above are accessible to families and children on a statewide basis.***

All programs except Family Reunion are available to families and children across the state. Some Children's Treatment Services (CTS), which include, counseling, parent aide, psychological evaluations, are not always available in communities where families live but are generally available throughout the state. Budget restrictions have affected the ability for the agency to provide CTS services to all who need them, and have forced creativity within the system to meet the unmet needs. Community organizations and school/parent educational services also assist families address some of their needs not met through CTS services or Medicaid. IIS and FRS have intentional caps placed on caseloads, which precludes some families from receiving this service. The Department of Secondary Education provides some schools with school based services. Some Children's Division employees in urban areas provide their functions out based in schools, to be easily accessible to families where they live.

**Roundtable Discussion**

*Strengths Identified*

- *The IIS program is an effective service that is available to families statewide.*
- *Numerous community-based services are available statewide.*
- *The Division has a strong working relationship with schools and their community education programs throughout the state.*
- *Independent Living Services are available throughout the state.*

*Challenges Identified*

- *The Family Reunion Service is not available to families statewide.*
- *CTS funding is not readily available at all times to provide services to non-Medicaid families.*
- *The ability to serve the number of families needing IIS services is often limited by the number of positions available at that time.*

*Recommendations for Improvements*

1. *Expand the Family Reunion program or provide more community-based wrap around services for children exiting alternative care.*
2. *Increase Children's Treatment Services.*
3. *Increase the amount of IIS service available.*